



**Housing Trust Fund Corporation  
NY Rising Housing Recovery Program**

**COMMUNICATION DESIGNEE FORM**

Applicants have the ability to designate a third party to obtain information on their Program Assistance Application. The third party known as the **Communication Designee** will be authorized to make inquiries of the applicant’s Program status either in person, via the phone, email, and/or mail.

The person designated as the Communication Designee is not authorized to sign Grant Agreement or Construction Contract documents and/or Affidavits on behalf of the applicant unless they are also the Power of Attorney.

In order to designate a Communication Designee the applicant must complete the following information:

I hereby certify that I, \_\_\_\_\_, am the holder of the record of title or a successor in interest to the holder of record to the property located at \_\_\_\_\_. My daytime phone number is \_\_\_\_\_.

I am authorizing \_\_\_\_\_ to be my Communication Designee for application ID \_\_\_\_\_. In addition to providing the application ID, the following code word will be used to ensure the identity of the communication designee: \_\_\_\_\_. My Communication Designee’s address is \_\_\_\_\_, and daytime phone number is \_\_\_\_\_. This Designee Assignment will be valid until \_\_\_\_\_ but in no instance longer than one year from the date of my signature below.

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Applicant Signature	Date	Designee Signature	Date
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Witness Name	Witness Signature	Date
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Witness Name	Witness Signature	Date
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